dimensions

Accessible Annual Health Checks

A detailed guide for GPs

Published November 2025

What's in this guide

Introduction

Written by Dimensions as part of the national My GP and Me campaign, this guide provides you with key information to help you understand and deliver good quality, accessible and inclusive Annual Health Checks.

As part of our #MyGPandMe campaign we are campaigning to tackle health inequality, champion joined-up care and make sure primary healthcare providers honour the importance of quality and accessible Annual Health Checks.

The #MyGPandMe campaign provides resources, training and support for GP Practice staff to work with patients and their carers to provide accessible primary healthcare. This is vital if we are to tackle the stark health inequalities that are detrimental to the health and wellbeing of people with learning disabilities.

Dimensions is the largest national not-for-profit support provider for people with learning disabilities and autistic people in England and Wales. We work with colleagues, people we support and external networks and specialists to deliver campaigns on important issues affecting people with learning disabilities and autistic people.

Steps towards accessible Annual Health Checks

Recent figures continue to highlight that people with learning disabilities die at least 20 years' younger than the general population, and often from preventable or treatable health issues (LeDeR, 2023) that could be picked up by an Annual Health Check.

Research shows that 75% of people with learning disabilities are not enrolled on the learning disability register. Alarmingly, of that 75% many have struggled to convince practice staff to add them to it despite the potentially lifesaving importance of Annual Health Checks (WEC).

While the government has removed the target from NHS England's 2025/26 operational planning guidance, Integrated Care Boards are still required to report quarterly on the number of people on the Learning Disability Register aged 14 and over who receive an Annual Health Check. In addition, the Investment and Impact Fund continues to directly incentivise delivery of Annual Health Checks and Health Action Plans.

The government has also committed to reducing health inequalities through the introduction of neighbourhood health hubs in its NHS 10-year Plan, which sets out how to support and enable health and social care to better work together and provide joined-up care.

In response to these changes and latest health inequality data, we believe:

There needs to be renewed attention to the importance of Annual Learning Disability Health Checks. Following the removal of health outcome targets for people with learning disabilities in the NHS Operational Guidance for 2025/26, Integrated Care Boards (ICBs) and health professionals must prioritise this.

Health services need to be more accessible and we have been working with clinicians to show them how reasonable adjustments can be put in place to carry out thorough health checks.

There needs to be greater understanding of the Mental Capacity Act, Best Interest decisions and more involvement in decisions by people who know the individual well. As the report says, responses may differ for people with mild or moderate learning disabilities and those with profound and multiple learning disabilities.

Primary healthcare practitioners and your practice staff have vital roles to play in tackling these unacceptable health inequalities.

My experience of booking an Annual Health Check

By Dimensions Advocacy Lead, Dr Mark Brookes MBE

“For the last two years I haven’t had an AHC. I usually get an automatic letter inviting me to one but for the last two years this hasn’t happened and I don’t know why.

“I also have difficulty reading appointment letters because the printing is very small. I have asked for them in easy read and a larger font. but nothing has changed. I have even told them about the GP training and if they would be interested in it. They said no.

“I find the process of booking appointments un-accessible because I find IT and systems hard without support. And, they only give you certain dates and times and it could be up to 3 weeks before a date is available.

“A good thing about my GP clinic is that they have a big waiting room with books to keep you occupied. They also have a big screen and an audio announcement to let you know when your appointment is being called. I like this because it is accessible and lets me know when I can go in.”

Why Annual Health Checks are important

An Annual Health Check is a reasonable adjustment made to help make sure people with learning disabilities are accessing primary healthcare and receiving fair and equal treatment.

In this section:

- Legal responsibilities
- Preventing premature and avoidable deaths
- Avoiding diagnostic overshadowing
- Stopping the Overmedication of People with Learning Disabilities (STOMP)

Legal responsibilities

Annual Health Checks are a legal right for patients with a learning disability. The following legislative requirements are outlined in the Office for Health Improvement and Disparities All Our Health initiative and are intended to be illustrative not exhaustive.

The Human Rights Act (1998) is the main law protecting human rights in the UK. The act places a clear legal duty on public officials and bodies to 'respect' the 16 rights it outlines and to take action to ensure people's rights are 'protected'.

The Equality Act (2010) places a statutory duty on employers, healthcare settings and wider society to make reasonable adjustments to ensure equal access to services for people with a disability, by making changes in their approach or provision.

The Health and Care Act (2022) introduced a requirement that all regulated health and social care service providers ensure their staff receive training on learning disability and autism which is appropriate to the person's role.

The Mental Capacity Act (2005) (MCA) provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. Where a person lacks capacity, for example to consent to or refuse treatment, the MCA lays out who can make decisions in the person's best interests, and how such decisions must be made (NHS England). See section 'Mental Capacity and Consent' for more details.

Preventing premature and avoidable deaths

The long anticipated 2023 LeDeR report was published in October 2025. This annual mortality review by Kings College London highlights stark inequalities with little improvement since the last report in 2022.

lThe percentage of "avoidable deaths" — where death occurs in someone under the age of 75 to a condition deemed preventable, treatable, or both — has fallen from 46 per cent in 2021 to 39 per cent in 2023. Whilst this small improvement is positive, it's not good enough. It means that people with a learning disability or autism are still dying almost 20 years younger than the general population.

In 2023 the most common causes of avoidable death in people with learning disabilities or autism were influenza, pneumonia, cancers of the digestive tract and heart disease.

The report found 37% of deaths involved some form of delay in care or treatment, while 28% reported instances where diagnosis and treatment guidelines were not met.

> **People with a learning disability or autism are still dying almost 20 years younger than the general population.**

Researchers also analysed the data available for people with a severe or profound learning disability. Approximately one third of the reported cases since 2021 fall into this category. Analysis established that those individuals have a younger median age of death (57 versus 64) and are more likely to have a treatable cause of death due to conditions such as pneumonia or seizures. In comparison, those with a mild or moderate learning disability were more likely to have preventable causes of death, such as those related to heart disease or cancer.

People from Black, Asian or mixed backgrounds with a learning disability died on average at 43 years old, nearly 20 years younger than White. However, this data needs to be treated with caution as the numbers are very low.

Avoiding diagnostic overshadowing

When changes in someone's behaviour are attributed to the person having a learning disability or autism, rather than to them potentially being unwell or in pain, it can mean health problems go unaddressed. It is a particular risk for people who do not communicate with words and for people who display distressed behaviour that may be managed with psychotropic medication.

The Royal College of Nursing states:

"Diagnostic overshadowing occurs when a health professional makes the assumption that the behaviour of a person with learning disabilities is part of their disability without exploring other factors such as biological determinants. It has been defined in the following way: "once a diagnosis is made of a major condition there is a tendency to attribute all other problems to that diagnosis, thereby leaving other coexisting conditions undiagnosed." (Neurotrauma Law Nexus)."

The Royal College of Nursing continue… "Gates and Barr (2009) have noted that diagnostic overshadowing is particularly pertinent when new behaviours develop or existing ones increase. People with learning disabilities have a much higher risk of experiencing a variety of diseases or conditions, and it is vital that physiological or pathological determinants in behaviour change are explored. If they are not, people with learning disabilities can suffer poor care and avoidable deaths may even occur.

"Gastrointestinal cancers are approximately twice as prevalent in people with a learning disability; coronary heart disease is the second highest cause of death for people with a learning disability; and approximately 70% of people with a learning disability experience gastrointestinal disorders (Blair, 2015)."

It is clear that diagnostic overshadowing has significant negative health implications for people with learning disabilities and autistic people; particularly those who don't use words to communicate and whose distress may be being communicated through behaviours of distress.

It is important for GPs and nurses to get to know their patients, their patients' circle of support and be flexible around healthcare and communication.

Stopping the Overmedication of People with Learning Disabilities (STOMP)

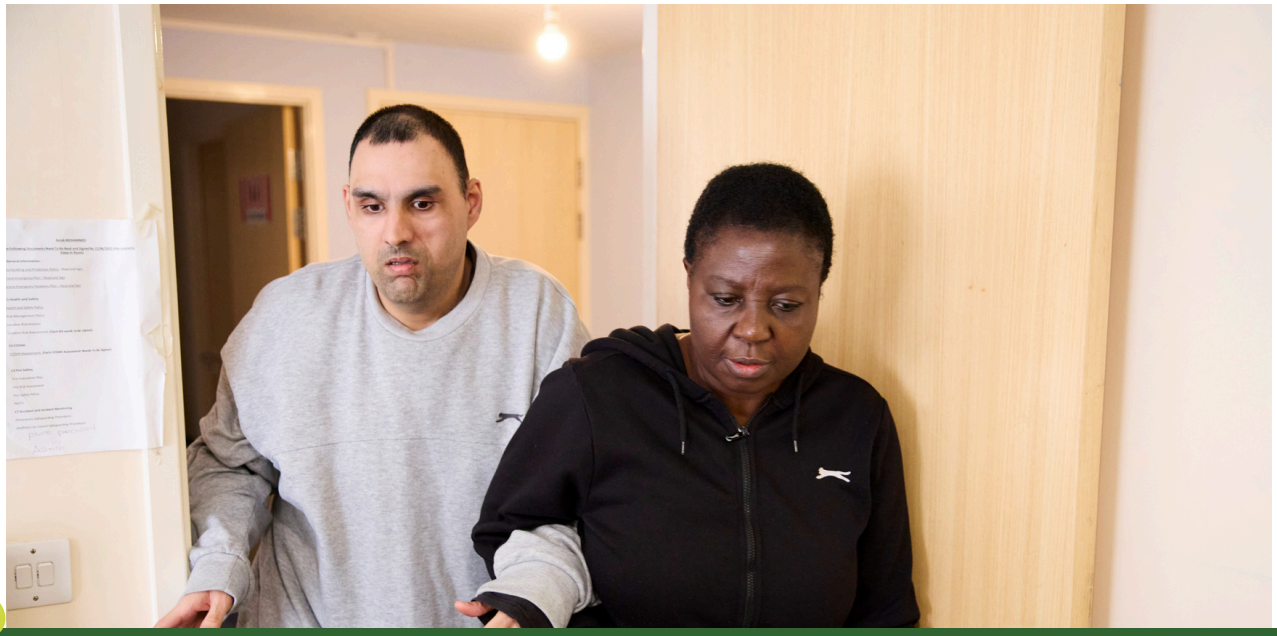
NHS England is running a campaign against the overmedication of people with learning disabilities and/or autism. STOMP is an important initiative Dimensions is supporting. Research has found psychotropic medication could be inappropriately prescribed to as many as 35,000 people with learning disabilities and autism. STOMP is encouraging all health care providers to improve the use of psychotropic medicine, offer non-drug therapies and make sure that people, families and staff are fully informed and involved (NHS England).

The aims of NHS STOMP are to:

- Encourage people to have regular check-ups about their medicines.
- Make sure doctors and other health professionals involve people, families and support staff in decisions about medicines.
- Inform everyone about non-drug therapies and practical ways of supporting people so they are less likely to need as much medicine, if any.

Unnecessary use of 'chemical restraint' drugs can put people at risk of significant weight gain, organ failure and even premature death. With modern approaches to behaviour support, ongoing prescribing of such drugs is often completely unnecessary.

Nonmedical interventions can be used to support people with a learning disability. Acute or chronic presentations may be related to the person's environment or frustration at being unable to communicate their wishes effectively. Using a medical treatment to resolve a non-medical issue can be counterproductive or even harmful.



Katy now has more choice, independence, and has been given the opportunity to start living her life

When Dimensions started supporting Katy, her medication was severely affecting her way of life; it limited how often her family could contact her (because she was "too drugged up") and she would spend hours screaming at staff and assault any who were within reach.

Her support team raised concerns about the amount of medication she was on and took the lead to review with support from her family and doctors. After gradual reductions and monitoring, Katy became more alert, her behaviours of distress stopped, she started speaking and after eating and building strength she was walking again.

Katy now has more choice, independence, and has been given the opportunity to start living her life.

About Annual Health Checks

Annual health checks are one of the most important aspects of tackling health inequality; they can help keep track of someone's health and spot any potentially serious issues early on.

In this section:

- Eligibility and the Learning Disability Register
- What is an Annual Health Check?

"I got a letter from the GP inviting me to an annual health check and in that she put where it was, how long it was going to take and what sort of things to expect from it, and what I needed to bring." Jordan Smith, Chair of Dimensions Council.

Eligibility and the Learning Disability Register

Everyone over the age of 14, who is registered on the Learning Disability Register, should be offered an annual health check each year. You must encourage your patients to join the register and support them to make the most out of their annual health checks.

The Learning Disability Register helps make sure that patients with a learning disability have access to additional support, such as vaccinations, health screenings, accessible information and reasonable adjustments.

> When Dimensions started supporting Paul we registered him with the local GP practice and were pleased that putting him on the Learning Disability Register was straight forwards. The application form for joining the surgery has a box to tick for 'Learning Disability Register' and they handled it from there. He was soon invited for his first Annual Health Check at age 62.

Anybody who has a learning disability is eligible to join the Learning Disability Register through their GP. They can join it at any age and do not need a formal diagnosis. It's important to be clear and ask patients about their learning disability because it may not be immediately obvious and is different to a learning difficulty (though some people use learning disability and difficulty interchangeably).

NHS England's: Improving identification of people with a learning disability: Guidance for general practitioners

It is the responsibility of the GP surgery to maintain the Learning Disability Register. This includes identifying and adding patients onto it if they qualify, ensuring their accessibility needs are respected and inviting them for their health checks and vaccinations.

If you think a patient has a learning disability and could benefit from being on the register, discuss it with them and, where relevant, the people who support them.

Not all patients who have a learning disability will want to join the Learning Disability Register. It is important to help make sure that this is an informed decision and the practice continues to do what they can to support their health and wellbeing in an accessible and inclusive way.

See the section on 'Mental capacity and consent' for more information.

What is an Annual Health Check?

"Annual Health Checks help to detect and manage health conditions early, review current treatments are appropriate and to help build continuity of care. They result in increased investigations, general and specific health assessments, identification of common co-morbid disorders, medication reviews, and referrals to secondary care.

"In the UK the legislative framework requires primary and secondary care to make reasonable adjustments to be made to policies and practice in order to provide fair access and treatment to people with learning disabilities and other disadvantaged groups. The annual health check is a reasonable adjustment." (RCGP)

A free Annual Health Check is a legal right for anybody who is on the Learning Disability Register, and over the age of 14. People who aren't on the register are eligible for theirs from the age of 40.

In 2025, Secretary of State for Health and Social Care, Wes Streeting, co-authored a letter with Mencap encouraging GP practices to tackle health inequalities that affect people with learning disabilities. Streeting stated:

"The GP contract requires that accurate patient records are maintained, including for patients with a learning disability. The Learning Disability Health Check Scheme continues to be offered via the Direct Enhanced Services Directions (with additional detail in the GMS Statement of Financial Entitlements) to encourage the maintenance and updating of learning disability registers and the completion of annual health checks and health action plans for each registered patient aged 14 years and over on the learning disabilities register. The Investment and Impact Fund continues to directly incentivise delivery of annual health checks and health action plans. We welcome your support in these checks, and, critically, in delivery of the resulting individual plans for people with a learning disability, which also help you maximise practice income through the financial incentives outlined above.

"The government's 10 Year Health Plan sets out the importance of moving care from hospitals to communities and preventing sickness rather than treating it. Primary care is a critical part of delivering these ambitions and is the first line of defence for preventing illness and premature mortality for people with a learning disability."

How to deliver a great Annual Health Check

An Annual Health Check is a reasonable adjustment made to help make sure people with learning disabilities are accessing primary healthcare and receiving fair and equal treatment.

In this section:

- How to deliver a great Annual Health Check
- Your 10-step guide for providing a great Annual Health Check
- Further best practice to consider

How to deliver a great Annual Health Check

Annual Health Checks should always be carried out in person, with the patient as priority but involving support providers, carers or chaperones as needed.

They are essential to carrying out physical tests and checks, as well as listening to and identifying any concerns and risks.

The health check is ideally split into two appointments at least half an hour each. These are usually arranged with the practice nurse and then the patient's usual GP immediately after to ensure continuity.

Nurses and doctors have different skills in assessing patients with a learning disability and whilst either profession can complete the full examination, the Royal College of General Practitioners (RCGP) recommend the nurse carries out the checks of weight, height, urine analysis and completes the checklist up to the physical examination.

The person should then be guided to the GP. The GP then reviews the symptoms, performs the physical examination, reviews the medication and completes a written health action plan.

Some patients with learning disabilities may find dealing with two different professionals creates more anxiety, so a flexible approach is recommended depending on the needs of the patient.

After the health check the doctor should write a brief Health Action Plan with a clear follow up plan and provide the patient with a copy.

The Annual Health Check should result in a good quality Health Action Plan, agreed with the patient and, where relevant, the people supporting them. This should be used throughout the year and kept up to date so it can effectively support the person's health and wellbeing. This can also highlight reasonable adjustments that should be added to their digital flag for future appointments.

10 steps for providing a great Annual Health Check

The changes you make to provide a more accessible and inclusive Annual Health Check can be easy and relatively cheap, or free, to make, but they can vastly improve the lives and wellbeing of your patients.

Steps 1-5; Prepare for their Appointment

1.

Make sure they have at least an hour booked in. If you can provide extra time it can help them relax, transition into the appointment and allow them space to explain things throughout the appointment. Appointments at the start or end of the day can help with time flexibility and provide a quieter environment when they arrive.

2.

Check if they have requested any reasonable adjustments and try to implement as many as possible before they arrive. They may not have requested any, but this doesn't mean they won't benefit. Check with them and provide some as standard.

3.

Provide accessible information throughout the process and let them know what you will require. Knowing what to expect means people can prepare in their own time and collate records and logs needed to answer your questions. This will help make the appointment smoother and more beneficial for everybody.

4.

Look at their records for:

- Summary of past medical history.
- The issues covered on the last health action plan.
- Current medication.
- Last few consultations.
- Any recent investigations.

5.

Make changes to the practice environment and décor, clearing obstacles, making sure signage to facilities is clear, providing a quiet waiting room or area and making sure the appointment room is accessible.

"Frankie is afraid of needles and refused blood tests for many years, but at the end of last year Frankie successfully had their blood taken after being part of a 6-month desensitisation programme with Dimensions and the community nursing. Since then, on approach to every blood test, Dimensions staff work hard to complete daily desensitisation with Frankie by massaging their hands and arms, getting used to touch and applying a tourniquet around their arm so, when the blood test happens, Frankie feels comfortable. So far- so good and Frankie has had several now with each one being successful. This was huge for Frankie and we are so proud of them and the work both the community nursing team and the support team have done."

Steps 6 -10; at the appointment

6.

Collect them from the waiting room. This is not only more accessible and welcoming, but you can greet them and observe their mobility.

7.

Start by getting to know them. They may have chaperones with them, but you must talk to the patient and give them time and opportunity to respond. Start by talking about them more generally, reassuring them, explaining what will happen and discussing how you can make them more comfortable. This will help build much needed trust.

8.

Let them know what tests and checks are coming and explain what will happen before, during and afterwards. Explain why this is important and how it can help their health and wellbeing in the short and long term.

9.

Take your time. Your patient is the priority and they need to feel like they are. They may need more time to process information, prepare and take part in tests and checks and communicate answers to your questions.

10.

Prepare their Healthcare Action Plan and make sure everybody understands what it's for and what to do. If they attend with carers or support workers they may have their own documentation too. What happens after the Annual Health Check is just as important. Remember Annual Health Checks aim to prevent future and serious health problems. Joined up working is essential for this to be successful.

Further best practice to consider

Good services will always listen to the people and the populations using them. All services should recognise the expertise of people with a learning disability, value their contribution and make sure they are considered and represented in all matters relating to them.

Practitioners should consider:

- Networking with the professional learning disability community, including local learning disability nurses;
- Using asset and values-based approaches which focus on utilising existing strengths to build therapeutic relationships (see 'Evidence for strengths and asset-based outcomes from NICE');
- Promoting acceptance of recognised tools to support physical health such as hospital passports and health action plans;
- Where appropriate, working in a multidisciplinary way with other professionals to plan, develop and deliver effective services;
- Promoting the use of various flagging systems, including the NHS reasonable adjustment flag to identify people with a learning disability across primary and secondary service systems;
- Developing accessible clinical pathways to support access to mainstream screening services;
- Collecting information about the experiences of people who use your service and using this information to make service improvements.

The above has been taken from NHS England's guidance from the All Our Health. They include a range of resources to help health and care, emergency services and the wider public health workforce prevent ill health and promote wellbeing as part of their everyday work: Learning disability - Applying All Our Health

The Royal College of General Practitioners Step by Step Guide for GP Practices: Annual Health Checks for People with a Learning Disability

Easy Read guide from Ace Anglia and NHS Suffolk and North East Essex. We recommend you share this with your patients and use it to steer how you deliver the check: Gold Standard Health Check, What the Health Check should include

Reasonable adjustments

The Equality Act 2010 creates a duty to make reasonable adjustments so that people who have a disability are not disadvantaged. They are small changes that can make a big difference to someone's experience.

In this section:

- A best practice example
- Accessible information
- Communication
- Decor and the environment
- Adjustments to appointments
- Ask, listen and share

A best practice example

Reasonable adjustments are small changes that can make a BIG difference to someone's experience. and they are often easy and free to make.

Reasonable adjustments can be very bespoke and unique to the person. It is important to have a conversation with the person and record the adjustments that work for them.

Most importantly, you can't make reasonable adjustments for a person without involving them; ask, suggest and test. And make sure you add adjustments to the Patient Summary Care Record.

They can sound daunting, but don't let caution stop you from doing anything. Think creatively, share ideas and work together.

The following are real examples of basic adjustments that most people who have a learning disability and autism would benefit from.

All staff, including reception, nurses and doctors, are so welcoming and friendly

Our local surgery is very inclusive for people we support; people haven't been supported there for very long and the GP staff have already done so much.

Nobody has to wait for appointments and where people can't get to the surgery because of health issues a GP or nurse always comes to the house on the same day and escalates where necessary.

The surgery always contacts the house when people are due medication reviews, blood tests or their health check.

Someone we support has complex health needs, and while he was getting a PEG fitted GPs would come multiple times each week. Nurses continue to come out twice a week to support his health care and district nurses visit regularly too.

There isn't one contact we have at the surgery but all staff (including reception, nurses and doctors) are so welcoming and friendly. They explain everything and respond quickly when they use the online direct messaging service.

Emma, Dimensions Locality Manager

Accessible information

All organisations that provide NHS care and/or publicly funded adult social care are legally required to follow the Accessible Information Standard.

This Standard aims to ensure that people who have a disability, impairment or sensory loss get information that they can easily access and understand and receive the communication support they need from health and care services.

Making information more accessible can be as simple as using images to show what the words are explaining, making the font bigger and/or ensuring colours are clear with a contrast that's easy on the eye.

Here are some more ways of making communication more accessible:

Easy Read
Easy read is a way of writing documents that makes them easier to understand. Easy read normally follows these rules:

- Short sentences written in plain English.
- Pictures alongside the words to help explain things.
- Explanations of any long, difficult words or words that aren't used very often.
- Larger font size and a clear font type.

Use our template with guidance to make your own Easy Read documents: Easy Read template and guide

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Social stories
Social stories are a way of preparing for a journey step by step. They break the journey down using key activities and times, such as leaving the house at 1pm and getting on the bus when it arrives at 1:15pm.

They have pictures to help visualise what to expect and explain where things might not go exactly to plan (such as the bus being late). There are pictures of dates and clocks. It is best to use photos of places that the journey involves, especially if they are travelling somewhere unfamiliar.

Use our template with guidance to make your own social stories: Social story template

Communication

Supporting communication is one of the most important ways of making sure people get the most out of their health appointments and that their health needs have been fully understood. Here are some top tips.

Time and understanding

Give the person time (ideally 7 seconds) to process what you have said before they respond.

Avoid leading them into an answer. They may say what they think you want to hear instead of what is accurate for them.

Check understanding, both yours and the person's, by asking open questions and offer to follow up verbal discussions with a written note or a voice or video recording.

Communication aids

There are lots of resources that can support communication, including social stories, image-based books and videos.

Objects of reference are a helpful tool. Show any equipment or machines that might be used and pre-empt any problems by explaining any noise that the machines may make.

Be flexible with your patient and open minded to their style of communication. There are lots of different ways you can work together to get the most from their appointment and a little open mindedness can go a long way.

Work with support workers

Work with supporters alongside the patient to help understand what the issues are and communicate about health.

This is especially important for people who do not use words to communicate. They can help you to understand how the person communicates and provide you with important health information.

Don't use jargon

Explain things clearly, without using jargon or abbreviations. For example:

• 'I'm going to check if you are a healthy weight for your height'	Instead of...	• 'I'm going to check your BMI.'
• 'I'm going to prescribe medication that should only be used when you are feeling unwell'	Instead of...	• 'I'm going to prescribe PRN.'
• 'Could you tell me if you have any pain anywhere/how you are feeling unwell'	Instead of...	• 'Could you tell me your symptoms?'

Tips and advice

We all appreciate some tips and advice when going somewhere or experiencing something unfamiliar.

If your practice has a particular way of working then give your patients advice and information on this in advance, it is particularly important to give them information about who they should contact to ask for help.

Share this document with your patients so they can easily share how you can make their appointment more accessible: Tips to help me at the doctors

Share this document with your patients so they know what to expect at their Annual Health Check: Easy Read How to Get an Annual Health Check

Decor and the environment

For your disabled, neurodivergent patients and patients with a learning disability there are many obstacles to overcome at a GP surgery. Even the clinical setting can be overwhelming and may cause sensory overload.

There are some small changes you can make to the environment:

- Turn some of the lights off.
- Provide a separate waiting room.
- Remove bright and garish posters and decor.
- Put some plants in the waiting room and open window blinds.
- Put up signage to areas such as reception, the exit, lifts and toilets.
- Turn off the TV, radio or patient call system if this is particularly noisy.
- Make sure there is enough space for someone using a walking aid, wheelchair or mobility scooter.
- Make sure the disabled toilet is clear of clutter, the emergency cord is hanging appropriately and it's ready to use.
- Make sure weighing scales and other equipment is clear to see and someone is available to help guide the patient through what to do.

We worked with building management company Assura to develop a toolkit for you to use. Our research identified and advises on 4 key themes...

Independence, choice and control; Healthcare buildings must not increase an individual's dependence on others. Just 22% of disabled patients feel independent in healthcare environments.

Dignity; Less than half of respondents felt toilet facilities in primary care met people's needs. Changing Places facilities were highlighted as an important adjustment and should be made available where possible.

Customer service and patient care; Environmental stressors are made worse when patient care isn't supportive or respectful.

Feeling relaxed; Décor, lighting, noise levels and waiting room layout were all highlighted as factors that affect how people feel when visiting their healthcare building. Almost half of those who support people to attend healthcare appointments reported feeling personally stressed, and 55% also stated that the person they supported felt stressed.

Respondents told Dimensions that the skills, knowledge, training and attitude of people working in primary care is important.

Download the toolkit to assess and track changes you can make to your practice building: Building Better Together Toolkit

Adjustments to appointments

Booking an appointment and making sure you're there on time can be difficult for many people. For someone who is anxious about going to their appointment, or requires support to go, the booking process is more difficult.

If possible, make some slots available each day for patients who have a learning disability and make these appointments longer than average. This will give them the chance to call later in the morning or book even further in advance. This is important because some people might need longer to prepare for their and get plans in place to accommodate attending.

Paul's support staff prepared a flask of tea, a couple of biscuits and his favourite mug

Being in unfamiliar surroundings with unfamiliar people caused Paul, supported by Dimensions, great anxiety, but it's important he goes to his local surgery. To help prepare, staff booked a taxi for Paul to and from the surgery every Friday.

To put him at ease, Paul's support staff prepared a flask of tea, a couple of biscuits and his favourite mug. At first, the staff at the surgery arranged things so Paul could sit down and have his tea and biscuits straight away.

After six weeks they began to guide him into the consultation room.

Sometimes you might find that your patient cannot make it to their appointment or needs get comfortable with attending the practice before transitioning into the GP or nurse's office.

If you can work with all staff to accommodate this it will not only make your patient more relaxed and open to discussing their health concerns but it will also give their support team time to prepare information you can use.

Ask, listen and share

Your patients and their circle of support are the experts. Ask them what the practice can do to best support them and listen to their suggestions.

It's important to share your work. This doesn't just mean telling patients what you're doing but telling other practices, providers and facilities too. Learn from each other so that, if a patient's care is transferred, so do their adjustments.

Mental capacity and consent

Respecting people's right to make their own decisions and to have their wishes and preferences followed is an important part of putting people at the centre of their care.

In this section:

- The Mental Capacity Act 2005
- Five principles of the Mental Capacity Act 2005
- Scenario: Carrying out a best interests process

The Mental Capacity Act 2005 sets out:

- How to assess whether someone has capacity to make their own decision about something.
- What to do if someone does not have capacity to make a decision about something.
- How to uphold a person's rights if they do not have capacity to make a decision about something.

The five principles of the Mental Capacity Act 2005:

1. A person must be assumed to have capacity unless it is established that they lack capacity.

Having a learning disability or autism does not mean that someone will lack capacity to make a decision. There should always be an individual assessment of someone's capacity to make a specific decision.

2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.

Practicable steps can include communicating about the decision in an accessible way, using resources and approaches that work for the person.

3. A person is not to be treated as unable to make a decision merely because they make an unwise decision.

People who have a learning disability and autism have a right to make unwise decisions and should be supported to understand the risks and consequences of such decisions.

4. An act done, or decision made, for or on behalf of a person who lacks capacity must be done, or made, in their best interests.

Making a decision in a person's best interests should follow a proper process and should take account of the person's wishes, preferences and feelings about the issue.

5. Before the act is done, or the decision is made, regard must be had to whether the purpose can be as effectively achieved in a way that is less restrictive.

Explore different ways of achieving the desired outcome and the ways in which a person can be supported to access the healthcare they need.

It's important to remember that capacity to make a decision is specific to the individual decision that has to be made. Sometimes people will be described as not having capacity generally, without any reference to what decision needs to be made. This does not align with the principles of the Mental Capacity Act 2005.

People who lack capacity to make a particular decision often have capacity to make a decision about something else. For example, someone might lack capacity to consent to a high risk health intervention, but can make their own decisions about other aspects of their health.

Upholding that person's right to make their own decision, whenever they have capacity to do so, is key to making sure people have independence, choice and control.

Some people might have fluctuating capacity, meaning they may gain or lose capacity to make the same decision in different circumstances. People can also be supported to gain decision making capacity over time using accessible tools and working together to build a person's understanding of what needs to be decided.

Scenario: Carrying out a best interests process for someone who lacks capacity to make a decision:

Harry has not had his COVID-19 vaccine. A capacity assessment has found that Harry does not have capacity to make the decision for himself. As Harry's GP, you would be the final decision maker about him having the vaccine because you would be the one to administer it. Follow this best interests process for Harry:

Step 1: Establish Harry's wishes, feelings and preferences in relation to having the vaccine

Remember:

- Involve Harry as fully as possible, using communication methods that work for him.
- Take into account Harry's past and present wishes and feelings, and any beliefs and values likely to have a bearing on the decision.
- Do not make assumptions on the basis of the Harry's age or appearance, condition or any aspect his behaviour.

Harry's parents are involved in his life and help him to make decisions about his health care.

They want Harry to be protected from the virus.

Step 3: Speak to people who understand Harry's support needs

Harry lives in supported living and his support team go to health appointments with him.

They have been thinking about how to help Harry have a vaccine and they know there are some risks around Harry having injections, based on previous experience.

Step 4: Making the final decision

The decision maker (i.e. the person who will be carrying out the medical process about which a decision must be made) must use this information to inform the final decision.

You have the information from Harry, his mother and his support manager. Use this alongside your knowledge about having the COVID vaccine to make a decision in Harry's best interests.

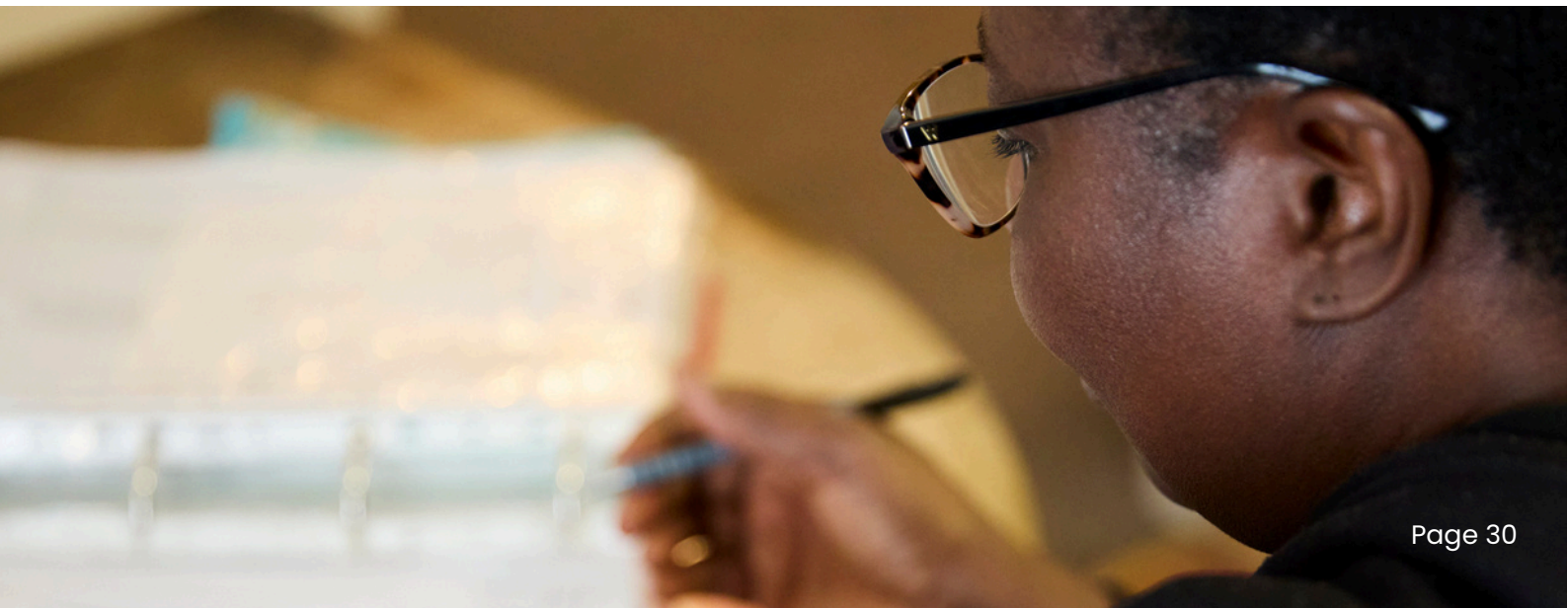
Step 5: Recording the decision

The decision should be recorded with information about how and why the decision was reached, so that everyone can access and understand it.

Useful resources

Linked throughout the document:

- NHS England's: Improving identification of people with a learning disability: guidance for general practitioners
- NHS England's guidance from the All Our Health includes a range of resources to help health and care, emergency services and the wider public health workforce prevent ill health and promote wellbeing as part of their everyday work: Learning disability - Applying All Our Health
- Easy Read guide from Ace Anglia and NHS Suffolk and North East Essex. We recommend you share this with your patients and use it to steer how you deliver the check: Gold Standard Health Check, What the Health Check should include
- The Royal College of General Practitioners Step by Step Guide for GP Practices: Annual Health Checks for People with a Learning Disability
- Dimensions template with guidance to make your own Easy Read documents: Easy Read template and guide
- Dimensions template with guidance to make your own social stories: Social story template
- Dimensions document to share with your patients so they can easily share how you can make their appointment more accessible: Tips to help me at the doctors
- Dimensions and Assura toolkit to assess and track changes you can make to your practice building: Building Better Together toolkit
- Share this Easy Read guide written by Dimensions with your patients: Easy Read How to Get an Annual Health Check



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